



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615) 741-1670**

**TO: PREPAID LIMITED HEALTH SERVICES ORGANIZATIONS TRANSACTING BUSINESS IN THE
TENNCARE PROGRAM OF THE STATE OF TENNESSEE**

RE: FILING STATEMENT OF PREMIUMS AND FEES FOR TAXATION

**Following you will find tax form for filing "Statement of Premiums and Fees for Taxation" for the period
January 1 through December 31.**

PLEASE NOTE: All such taxes shall not be considered as paid on or before March 1 unless the tax return and payment are actually received in the department on or before March 1, except that a tax return with payment will be considered "timely filed" provided such premium tax return and payment bears a **United States Post Office Cancellation Mark** stamped on the envelope of no later than March 1. A company meter date or postage stamp will not be acceptable as competent evidence that the tax return was timely filed if the tax return is received in the department after the due date, unless it is cancelled over by the U.S. Postal Service. It is advised, if your company feels the tax return may be received in the department after March 1, that certified mail with a U.S. Postal Cancellation Stamp on the receipt be obtained, a certificate of mailing, or request that the U.S. Postal authorities cancel over the postage in your presence. Based upon past experience, the U.S. Post Office does not always cancel over company metered mail. **No grace period will be allowed for late filing of the premium tax return.**

Premium tax returns and payments thereon must be mailed to a separate post office box number. Any other materials or forms which do not pertain to premium taxes should be sent under separate cover. **DO NOT** include the Statement of Premiums and Fees for Taxation in the Annual Statement mailing.

The address for **PREMIUM TAX RETURNS** is as follows:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
Division of Insurance
P.O. Box 198983
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the tax return is mailed via overnight courier, the following address should be used:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
ATTENTION: PREMIUM TAX SECTION
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243

Any questions should be directed to the department's, Tax Audit Section, phone (615) 741-1670.



STATE OF TENNESSEE
THE DEPARTMENT OF COMMERCE AND INSURANCE
P.O. BOX 198983
Nashville, TN 37219-8983
(615) 741-1670

STATEMENT OF PREMIUMS AND FEES FOR TAXATION
(To be Filed On Or Before March 1)

PREPAID LIMITED HEALTH SERVICES ORGANIZATIONS

Company Name		Contact Person	
Address (No. & Street)		E-Mail Address	
City, State & Zip		Phone Number/ Fax number	

Posted by	
Calendar Year	NAIC CO.CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date Admitted to TN	Domiciliary State

FOR DEPARTMENT USE ONLY

121/975 _____

880/ 992 _____

880/ 993 _____

Seq # _____

	Premiums	Tax
1. Premium Tax (2.00% of all TennCare dollars collected from an enrollee or on enrollee's behalf during the calendar year immediately preceding)	\$	\$
2. Amount Paid TN Dept. of Commerce & Insurance Previous Three Quarters		\$
3. Total Tax Amount Due (Line 1 minus Line 2)		\$
4. Annual Statement Filing Fee		\$ 100.00
5. Renewal Fee for Certificate of Authority		\$ 100.00
6. Total Amount Due (Sum of Lines 3 thru 5)		\$

Make remittance payable to: TENNESSEE DEPT. OF COMMERCE & INSURANCE

STATEMENT OF PREMIUMS AND FEES FOR TAXATION MUST OBTAIN ORIGINAL SIGNATURE AND NOTARY

STATE OF _____ COUNTY OF _____

I, _____, do hereby make oath that I am _____
(Officer's Name) (Official Title)

of the _____
(Company Name)

and that the foregoing Statement of Premiums and Fees for Taxation is true to the best of my knowledge, information and belief.

Signature of Officer

Notary Public

Subscribed and Sworn before me _____

(SEAL)

My commission expires _____

Date

Date

TENNESSEE STATUTES APPLICABLE TO PREMIUM TAXES

Tax on Premiums _____

Tenn. Code Ann. § 56-32-224

Annual Statement Filing Fee _____

Tenn. Code Ann. § 56-51-152

Renewal of Certificate of Authority Fee _____

Tenn. Code Ann. § 56-51-145

Failure to File Tax Return Within Time Prescribed _____

Tenn. Code Ann. § 56-51-145

Tenn. Code Ann. § 56-4-216